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Consultancy project: Identifying the availability of LD relevant training for psychologists working in Learning Disability Services

Accessible summary

- Psychologists need to be trained how to work best with people with learning disabilities, but it is not always clear what training is available to them.
- This project asked different psychologists what training they have completed or know about, and what training they need.
- Psychologists' answers will be used to make recommendations to try and improve future training for psychologists working with people with learning disabilities.

Context

The need for this project arose when the Clinical Lead for Learning Disability (LD) Psychology in Wiltshire identified the challenges faced by psychologists wanting to undertake LD-specific training as part of their continuing professional development (CPD). Managers of LD services are responsible for supporting staff with their CPD needs but it can be difficult to know what CPD training is available, as there is not a central record of LD-specific training. Consequently, psychologists in LD teams are often required to attend mainstream training in therapeutic interventions and then adapt the content to meet the individual needs of people with learning disabilities. In turn, this has implications for the therapeutic interventions that can be offered to service-users. When reviewing the service's waiting list, the Clinical Lead identified groups of service-users who may benefit from particular modalities of therapy, e.g. CBT, EMDR or ACT etc., but it was not clear whether LD-specific training was available to those wanting to pursue further learning in these areas. In order to best meet the needs of people with learning disabilities, the Clinical Lead commissioned this project to ascertain the availability of training that might warrant funding.

This consultancy project seeks to meet an existing gap in current awareness of LD-relevant training that is available to psychologists working in LD services in the South West of England. It aims to draw on the knowledge and experiences of psychologists in LD services in this region to establish what LD relevant training is available and to identify potential gaps in training.

Introduction

People with learning disabilities require access to a full range of psychological therapies (Irvine & Beail, 2016), yet adult mental health professionals maintain a perceived lack of specialist skills needed to treat this client group (RCP, 2012). This is despite the Department of Health's (2009) commitment to ensuring that "workforces across services are given the appropriate support and training to equip them with the values, skills and knowledge to deliver the *Valuing People Now* priorities for all people with (an) intellectual disability" (RCP, 2012, p.9). Historically, psychological research in this field has focused on training in behaviour skills and behaviour modification (Beail, 2005). Although some progress has been made in better understanding the psychological support needs of individuals with learning disabilities, training in this area has stagnated (Beail, 2016).

In order for commissioners and NHS trusts to meet their statutory responsibilities, as outlined in the Equality Act 2010 and the UN Convention on the Rights of Persons with Disabilities (UN, 2008; UN, 2012), inequalities in training and service provision need to be addressed. The British Psychological Society asserts that psychologists working with people with learning disabilities require specialist therapeutic training to ensure they are fully equipped to work with this client group (BPS, 2012), but in the absence of specific guidance about LD relevant training, psychologists working in LD services have been left to independently search for therapeutic interventions that have been adapted for use with people with learning disabilities or adapt interventions that have been utilised within the general population.

Method

Two key meetings informed the scope of the project. First, a meeting with the commissioner to fine-tune the focus of the project and, second, attendance at network meetings to introduce the project and recruit participants. Data collection comprised an online survey to ascertain psychologists' awareness of the availability of LD training and to identify the training needs of psychologists in the South West of England. This involved consulting psychologists working in LD services via an online survey using Qualtrics. In order to draw on the knowledge of those in the Avon and Wiltshire areas, the survey was distributed to psychologists working in LD services run by the NHS, Sirona and Virgin Care. Responses were provided by qualified clinical psychologists, trainee psychologists and assistant psychologists (referred to herein as psychologists). The survey was shaped by discussions at a network meeting for psychologists working in LD services. The survey was designed to elicit psychologists' awareness of the following:

- (i) LD-specific training (i.e. training designed specifically for people with learning disabilities);
- (ii) LD-adapted training (e.g. training modified by the facilitator to apply to psychologists working with people with learning disabilities);
- (iii) Steps taken by psychologists to tailor training in mainstream interventions to meet the needs of service users;
- (iv) Key gaps in training for practitioners working with people with learning disabilities;
- (v) How to better meet the training needs of psychologists working in LD services.

All responses were anonymous; it was not deemed necessary to request personal information for this consultation (which would have been sought had this been a formal research project). The qualitative data were analysed using content analysis, which is considered to be a flexible yet rigorous approach to analysing

data (White & Marsh, 2006). The findings are reported below and inform the recommendations provided to the commissioner.

Data collection

The online survey was completed by 18 psychologists working in LD services in the South West of England. Each element of the survey is presented below with illustrative examples supporting each theme and the number of responses written in parentheses.

(i) Awareness of LD specific training

When asked about practitioners' awareness of LD-specific training, a number of psychologists (n=5) identified doctoral training as the main source of their LD training with responses such as *"My DClin. included several lectures focused on working with people with learning disabilities"*, while others indicated that awareness of LD specific training derived from conferences (n=4) including those run by the BPS, DCP, and FPID. Others identified training by peers, network meetings or supervision (n=3), for example, *"Most LD specific CPD is provided by peers in network meetings"* and *"Training has largely been through experience, feedback and clinical supervision"*. Relevant manuals such as CBT for LD (Hassiotis et al., 2012) were also identified (n=2) as a *"helpful resource"*. Three respondents were not aware of any LD specific training.

(ii) Awareness of LD adapted training

Almost half of the participants (n=8) were not aware of any LD-adapted training. Others identified adapted training as part of their DClin. teaching (n=3), citing, for example, *"PBS teaching on the doctorate"* and *"Training from the local course, although this wasn't focused particularly on any evidence, just practitioner knowledge and reasonable adjustments"*, or training by peers in network meetings (n=1), where psychologists *"take turns leading CPD in network meetings to share knowledge and skills re: adaptations we have made to therapeutic approaches"*. Some participants indicated that they had attended training that was not specific to LD populations, but facilitators had answered LD related questions. For

example, the “*PAMS (parenting) assessment training is not specifically for LD but the facilitator adapts training to answer questions about people with LD*” and “*Respond training – working with people who have experienced sexual abuse – adapted training package for people with LD was provided to our service*”. Others considered adapting training themselves.

(iii) Steps taken by professionals to tailor therapeutic interventions for people with a learning disability

Responses indicated that professionals employed a range of strategies to tailor therapeutic interventions to best meet the needs of service-users. This included:

Adapting sessions (N=11)

- Shorter sessions and slowing the pace.
- Flexible appointment times.
- Spend time building up concepts, repeating content and sessions.
- Increasing activities and emphasis on psychoeducation and skills training.

Improving accessibility (N=14)

- Using visual aids/materials/pictorial materials/story boards.
- Adapting resources, simplifying material.
- Using accessible information sheets and outcome measures.
- One LD psychologist in the local forensic service has developed accessible interventions that have won local awards in the trust.
- Home visits if needed.

Relationships (N=7)

- Spending time building up relationships with clients.
- Inviting carers (family or support staff) to sessions.
- Working with wider systems.
- Joint work with other professionals.

Person-centred work (N=9)

- Working in a person-centred way, developing resources in line with clients' interests and enthusiasms.
- Asking additional questions to check understanding.
- Tailoring therapeutic interventions to the individual.

Resources (N=7)

- CBT manual for people with LD and DBT approaches to working with people with LD to guide therapeutic work.
- BPS DCP document: Psychological therapies and people who have intellectual disabilities.

- Hearing voices workbook developed by AWP for adults with learning disabilities.
- Contact with other LD psychologists to share experiences and expertise.
- There is not a forum or space to hare/pool what has already been created.

(iv) Key gaps in training

Practitioners identified a number of gaps in LD relevant training; first, acknowledging gaps in training needs (n=3) *“across the board”*, which is *“not recognised by providers”*, then identifying gaps in evidence-based guidelines (n=4) with a need for *“further adaptations to treatment protocols”* especially when *“working with complex trauma”*. Gaps in training were identified in using specific models such as DBT, CFT, ACT, EMDR, systemic therapy and motivational interviewing (n=9). Finally, gaps were identified in psychological skills development training (n=8) such as direct therapeutic skills, case formulation or neuropsychology skills. One practitioner was unsure of any current gaps.

(v) How LD practitioners’ training needs could better be met

When asked how practitioners’ training needs could better be met, psychologists working in LD services identified the need for change at a national level (including improved funding, guidance and training) (n=3). For example, *“At a national level, there appears to be less interest and funding of research in LD fields – this has an impact on a more limited LD evidence base, and “At a national level, there could be more specific training events that are offered for people who want an introduction to working in the field of learning disabilities”*. Practitioners also recognised the need for improved involvement from professional bodies (n=3), stating *“It is interesting to note that the BABCP conference has no mention of LD”* and *“Having a better network for sharing resources might be a better start”*. In addition, a range of training related improvements were highlighted (including improved communication and funding for training) (n=11), with requests for *“Skills training, e.g. systemic intervention skills, as CPD tends to be academic”* and *“More accessible training for busy clinicians, e.g. manuals, online courses, videos etc.”*

Local-level improvements were also identified (n=7), with practitioners wanting *“More examples of work shared by lead practitioners in the area, e.g. sharing case studies”*, *“A lot more joint working between mainstream and specialist services”* and *“More LD specific CPD for regional supervisors from local training courses would be welcomed”*. Within the area, there was recognition that *“Locally, LD practitioners do a good job of sharing knowledge, skills and resources with colleagues”*.

Summary

This consultation was commissioned to identify the potential training implications for psychologists working with individuals with learning disabilities. Although the DoH (2009), BPS (2012) and RCP (2012) stress the importance of the workforce having adequate training to ensure they are equipped with the skills to meet the needs of service-users with learning disabilities, this appears to differ from the experiences of psychologists working in LD services. The psychologists consulted in this study have, understandably, identified the need for greater investment in research to better understand the evidence-base for psychological interventions for people with learning disabilities. In the absence of LD-specific training opportunities, the onus is placed on psychologists to adapt mainstream psychological interventions. In accordance with NICE guidance (2017, 2018), this consultation identified that psychologists are investing time and effort in adapting mainstream models, tailoring resources and focusing on relationship development to offer person-centred interventions that best meet the needs, preferences and cognitive abilities of service-users.

Learning disability practitioners’ awareness of LD-specific and LD-adapted training predominantly stemmed from their doctoral teaching, peer training and conferences. The consultation established that there is a strong collaborative network within the region, which facilitates the dissemination of knowledge at a local level. However, psychologists recognise the need for more CPD opportunities and joint work between mainstream and specialist services in the region to promote joined-up working. Meanwhile, at a national level, there is an outstanding need for additional funding, research, LD-specific training (e.g. in EMDR, DBT, CFT,

ACT, systemic training, motivational interviewing etc.) and professional body involvement to advocate for the training needs of psychologists in LD services. Practitioners also recognised the need for an improved method of sharing LD resources and training, perhaps via a central organisation or open-access website that allows practitioners to upload information and resources. Finally, the consultation identified gaps across the board, particularly regarding skill development. Examples included the need for training provision in working therapeutically with individuals (as opposed to working with systems), training in case formulation, neuropsychological training, and training on how to adapt treatment protocols for people with learning disabilities. In order to meet these gaps, greater support is needed at a national level. In light of these findings, the following recommendations are made.

Recommendations

The following recommendations have arisen from this consultation, indicating that changes are required at a local, organisational and national level in relation to accessibility of training, sharing resources, professional body involvement, and funding.

Locally

- In areas where networking meetings are not already established, set up events where psychologists from different services in the region can meet to hear about one another's work, share good practice, and share resources, such as adapted protocols for working with people with learning disabilities;
- Collaborate with other psychologists to share case studies and write up and disseminate work where therapeutic approaches have been adapted to effectively meet the needs of individuals with learning disabilities;
- Provision of LD specific CPD for regional supervisors from local training courses.

Assessment of training needs in other regions:

- Given the limited reach of this project (i.e. restricted to psychologists working in LD services in the South West of England), it would be useful to assess the training needs of psychologists working in the rest of the UK to get a more complete picture of the availability of LD relevant training.

Accessibility of training:

- Increase accessibility of future training provision (e.g. online delivery).

Sharing resources:

- Development of a centralised system for sharing LD resources and details of LD relevant training (either via BPS DCP Faculty for People with Intellectual Disabilities, Association of Clinical Psychologists or an external site akin to Psychology Tools or Get Self Help websites);
- Improved processes for disseminating knowledge/skills development training between trusts (e.g. sharing learning from CPD courses);
- Development of links between local mainstream and specialist services to share knowledge, resources and promote joint working.

Professional body involvement:

- Professional bodies to consult members and undertake an assessment of need to inform provision of future training (perhaps by using/adapting the survey used in this consultancy project);
- Professional bodies to identify specialists who are equipped to offer training in the identified skills gaps (e.g. adapting NICE treatment protocols or case formulation/therapeutic skills training) and facilitate CPD for members.

Funding:

- Increased funding for research into psychological interventions for people with learning disabilities to establish a more comprehensive evidence-base;

- NHS trusts to acknowledge and financially support the additional needs of psychologists working in LD services and to support staff to engage in CPD (e.g. conference attendance, networking events, formal training opportunities e.g. NVQ PBS training);
- Increased funding (at national, trust or service level) for staff CPD to facilitate clinical skill development.

It should be acknowledged that the feasibility of implementing these recommendations will be shaped by the availability of resources; in an era of ongoing funding cuts it may not be possible for organisations to provide the skills training identified by the psychologists consulted in this project. However, as this project identifies, psychologists working in LD services have a right for inequalities in training provision to be addressed, with the workforce being given appropriate training to equip them with the skills for the effective delivery of psychological therapy for people with learning disabilities (RCP, 2012).

Limitations

The generalisability of findings is limited by the small-scale nature of this project, which represents the perspectives of 18 psychologists working in learning disability services in one region of the UK, the South West. Psychologists working in other regions of the UK may have different experiences of training, depending on what is available locally. It would therefore be useful for psychologists in other regions to assess specific training needs locally.

Outcomes

The consultation report was given to the commissioner, who previously identified the need to share the findings with senior managers and the Head of Specialist Services. The commissioner provided feedback stating how helpful it is to have a summary of the work that has been done in the area brought together in one place, commenting further that the project gives recognition to the struggles faced by psychologists in LD services in finding specialist training. In addition to the BPS guidance on 'Psychological therapies and people who have intellectual disabilities'

(Beail, 2016), the commissioner suggested it would be helpful if individual psychologists working in LD services wrote-up and disseminated adaptations to therapeutic groups and interventions. The commissioner further commented that the project is very much appreciated and valued.

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